



KAISER PERMANENTE®

Recent legislation passed by the state of California may impact your company's health care coverage. In January 2005, AB 2208 will take effect. This new law requires health plans to provide domestic partner coverage as part of plan contracts when an employer has elected to provide coverage for employees and their spouses. Domestic partner coverage sold by Kaiser Permanente must be equal to the coverage provided to spouses.

AB 2208 specifies that all plan contracts that include coverage for spouses shall be deemed to provide coverage for registered domestic partners if issued, amended, or renewed on or after January 2, 2005. Employers who would like to add domestic partner coverage for a January 1, 2005, renewal can talk to their account representative.

Important notes on AB 2208:

California law defines domestic partners as persons who:

- Are each eighteen (18) years of age or older and are capable of consenting to the domestic partnership
- Are not married or a member of another domestic partnership
- Are not related by blood in a way that would prevent them from being married to each other in this state
- Have a common residence (This means that both domestic partners share the same residence. It is not necessary that the legal right to possess the common residence be in both their names. Two people have a common residence even if one or both have additional residences. Domestic partners do not cease to have a common residence if one leaves the common residence but intends to return.)

Kaiser Permanente currently incorporates these requirements as eligibility requirements for domestic partner coverage and will continue to do so.

California law also requires domestic partners to be registered with the State. However, in accordance with Kaiser Permanente's current practice, Kaiser Permanente will continue to not require that domestic partners register with the State as a condition of eligibility.

California law also allows members of the opposite sex over the age of 62 to establish a domestic partnership if they meet certain other requirements for benefits under the Social Security Act. However, Kaiser Permanente will continue to allow domestic partners of the opposite sex to be eligible for domestic partner health coverage regardless of whether the domestic partners satisfy the age requirements and/or the requirements of the Social Security Act.

- Groups may impose eligibility requirements for domestic partner coverage that conform to the full requirements of domestic partnership under State law. Alternatively, groups may waive the requirement of State registration and/or the requirements for persons of the opposite sex. However, groups may not waive any other State requirement for establishing domestic partnership coverage.

A group must impose the same eligibility criteria for domestic partner coverage through Kaiser Permanente that it imposes in connection with coverage under any other health plan offered to its employees.

AB 2208 requires that health plans have the same requirements for domestic partners and spouses, therefore Kaiser Permanente will no longer mandate that purchasers collect verification of domestic partner or marital status.

- Kaiser Permanente reserves the right to request proof of eligibility at any time.

In accordance with current practice, Kaiser Permanente will grant special enrollment periods to groups that may need them in managing their domestic partner coverage changes.

Federal COBRA and Cal-COBRA will apply to domestic partners in certain situations.

Employers with questions about their obligations under this law should consult with their legal advisor. For more information on the law and how it affects your contract, contact your Kaiser Permanente representative.